2018-2019

Annie's House
PO Box 168, 1 Winter Park Road
Bottineau, North Dakota 58318
701-263-4556 (phone) 701-263-4446 (fax)
rachael.buss@annecenter.org (email)

PARTICIPANT FORM

Participant Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip*

County: _____ Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Contact Number: _____

Group Name (*If applicable)*: ____School for the Blind _____

Participant would like to: □ Ski □ Snowboard □ Snowshoe □ Snow tube

Due to manufacture requirements there is a 250 lb. limit on sit skis

Rentals Required: Yes No Shoe Size (if renting): _____

Gender: Female Male DOB: _____ Age: _____ Height: _____ Weight: _____

Ethnicity (Ex: Caucasian, Native American, Asian, etc.) _____

Have you previously participated in Annie's House Adaptive Recreation Program? □Yes □No

The participant's disability is: □ Physical □ Cognitive □ Both

Please check the **primary disability**:

□ Cerebral Palsy	□ Amputee	□ Downs Syndrome
□ Hearing Impairment	□ Developmentally Delayed	□Muscular Dystrophy
□ Multiple Sclerosis	□ Post Traumatic Stress	□Spina Bifida
□ Spinal Cord Injury	□ Stroke	□Traumatic Brain Injury
□ Visual Impairment	□ Autism Spectrum	

□ OTHER (please describe): _____

Specifics of primary disability: _____

_____

Secondary Disability/ies: _____

_____

Do you have Atlantoaxial instability?* □ Yes □ No
*BWP encourages participants with Downs Syndrome to be evaluated for Atlantoaxial instability

SEIZURES: **History of seizures: □ Yes □ No**

Type of seizures: □ Petit Mal □ Grand Mal □ Focal

Date of last seizure: _____

Controlled by Medication? □ Yes □ No

Activities of daily living (*mobility, hygiene, meals, etc.*)

*Annie's House does not administer medications or assist with toileting participants

□ **Independent** (freely ambulates or independently uses wheelchair, crutches, walker, can; transfers to and from vehicles and navigates on own, managers on medications, meals, bathroom needs including catheterizations)

□ **Assisted** (requires assistance with transfers to and from vehicles or toileting; continues to manage own meals, medications, and crowds)

□ **Dependent** (requires someone else to perform all the activities of daily living with them)

Medications □ **Not applicable** ***if necessary please use the back

Medication	Dosage and schedule	Reason for taking

Please describe any side effects that we should be aware of:

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Food or Drug Allergies □ **No known allergies** □ **Latex allergy** □ **I have an epi-pen**

*if necessary please use a separate page

Allergy	Reaction

Please list medical procedures and implanted devices - include locations and approximate date of procedure (*i.e. fracture repairs with rods & pins, shunts, feeding tubes, insulin pumps, catheter*)

□ Not applicable

_____
_____
_____
_____

Sports experience: Please circle all the activities that the applicant has previously participated in

Skiing (beginner, novice, intermediate) Snowboarding (beginner, novice, intermediate)

Swimming Biking Soccer Baseball/Softball Basketball Hockey

Other: _____

Level of stamina: □ Fatigues easily □ Age appropriate strength/energy □ Varies

If you have participated in another adaptive program please provide the name of the program and equipment you used: □ Not applicable _____

_____
_____

Mobility – Body Movement

Mobility needs (*i.e. power/manual wheelchair, crutches, cane, AFO*): _____

Please check any that apply:

□ Hemiplegia	□ Poor Coordination	□ Poor Hand-Eye Coordination
□ Spasticity	□ Poor Muscle Tone	□ Muscle Spasms
□ Joint Rigidity	□ Contractures	□ Altered Gait
□ Poor Balance	□ Involuntary Movements	□Hyperflexibility

Spinal Cord Injury: Location (*i.e. T-4, C-6)* _____

□ Complete □ Incomplete □ Paraplegia □ Quadriplegia □ Autonomic Dysreflexia

Amputee: Please describe type of amputation

□ Right	□ Left	□ Bilateral
□ Above knee	□ Below knee	□ Complete upper limb
□ Above elbow	□ Below Elbow	□ Complete lower limb

Do you intend to wear your prosthesis while taking part in the program? □ Yes □ No

Communication

Please check any that apply:

□ Non-verbal	□ Speaks in single words	□ Speaks in 2-3 word phrases
□ uses personal sounds	□ Uses gestures/points	□ Speaks in complete sentences
□ Uses pictures/cue cards	□ Uses communication board	□ Writes/draws wants and needs
□ Expressive language delays		

Anything else we should know? _____

_____

_____

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Behavior

Behavior and general attitude:
Enter the numbers to the items below: 1 = normal, 2= mild problem, 3= moderate problem, 4= severe problem

__Frustration tolerance __Confusion __Anxiety __Temper

__Impulsiveness __Following directions __Memory loss

__Spatial disorientation __Hostility

What is the participant's functional age? _____

Please check any that apply

□ Hyperactivity
□ Uncooperative
□ Social delays
□ Ignores details
□ Appears forgetful
□ Short attention span
□ Elopement
□ Does not consider consequences
□ Easily distracted by sensory stimuli
□ Difficulty staying seated or in line
□ Excessive talking/interrupts frequently
□ Difficulty following directions/finishing tasks
□ Extreme emotional responses
□ Angers easily
□ Unaware of limitations
□ Low activity level – needs motivation
□ Difficulty with abstract thoughts

Please describe behaviors the instructors should be aware of – triggers, methods to soothe, best way to reward participant (verbal, high-five, etc.): _____
_____
_____
_____

Cognitive

□ Sequencing difficulty □ Processing delay □ Learning disability

Please let us know any other specifics: _____
_____
_____
_____

Vision

Visual impairment □ Partially sighted/legally blind □ Complete blindness

Date of diagnosis: _____

Cause for the visual impairment:

□ Cataracts □ Macular Degeneration □ Diabetes
□ Retinopathy □ Retinitis Pigmentosa □ Optic Atrophy
□ Glaucoma □ Trauma
□ Other_____

To aid in mobility does the participant use: □ cane □ guide □ guide dog

Anything else we should be aware of? _____
_____
_____

Hearing

Hearing impairment: □ Partial hearing loss □ Total hearing loss

Date of diagnosis: _____

Does the participant: □ Wearing hearing aid(s) □ Has a cochlear implant □ Communicate with ASL

Anything else we should know? _____
_____
_____

May Annie's House use the participant's image (video and/or photography)? □ Yes □ No

Information above is confidential and will only be shared with ski instructors/ski patrol involved in participant's lesson, to prepare for the lesson.

Parent/Guardian signature_____ **Date**_____